

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 728 769**
APPLICANT(S)

FILING DATE **12-08-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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26						
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28						
29						
30						
31						
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						